

United States Department of the Interior

FISH AND WILDLIFE SERVICE

P.O. Box 1306 Albuquerque, New Mexico 87103

In Reply Refer To: FWS/R2/RD-WSFR TX T-67-R-1

AUG 0 2 2011



Carter Smith, Executive Director Texas Parks and Wildlife Department 4200 Smith School Road Austin, Texas 78744

Attention: Stephanie Shelton, Science and Policy Coordinator

Dear Mr. Smith:

The enclosed Application for Federal Assistance (AFA), TX T-67-R-1, Evaluation of Unmanned Autonomous Vehicle Imagery and Image Processing Techniques to Support Fish and Wildlife Monitoring, Habitat Assessment and Conservation Planning, is approved for funding under the State Wildlife Grant Program (CFDA# 15.634). The grant agreement period is September 1, 2011 – December 31, 2013, with the following approved cost share:

Program Subaccount Code – 5624		%	
State	\$	91,000	35
Federal	\$	169,000	65
Grant Total	\$	260,000	

An AFA amendment will be required to add or delete a project; increase or decrease the Federal funds; increase the rate of Federal participation; change key personnel; and/or modify the agreement period.

This grant award is subject to the following conditions:

- a. Reporting requirements:
 - Submit an Interim Federal Financial Report (SF 425) and an Interim Performance Report annually, 90 days after the 1-year anniversary of the end of the fourth full fiscal quarter after the effective date of the grant. The interim reports (financial and performance) for this grant will be due annually no later than December 29. The first interim report will cover the period from September 1, 2011 – September 30, 2012. Subsequent interim reports will cover a 1-year period from the end date of the first interim report.

- 2. Submit a Final Federal Financial Report and a Final Performance Report, 90 days after the end of the grant period. Final reports (financial and performance) for this grant will be due no later than **March 31, 2014**.
- 3. Requests for an extension of report due date up to an additional 90 days must be submitted to, and received by, this office, before the report due date. If these reports are not received by the original or extended due date, the WSFR Program may:

 1) withhold cash payments; 2) deny the use of Federal funds and credit for the use of matching cash and in-kind contributions for all or part of the award; 3) suspend or terminate the award, partially or entirely; 4) withhold further awards for the grant program; and 5) pursue other legal remedies. The sanctions that the WSFR Program imposes will remain in effect until the required reports are received [43CFR12.80(b)(1); 43CFR12.81(b)(3); U.S. Fish and Wildlife Service Manual Chapters 516 FW 1 & 516 FW 2; and U.S. Fish and Wildlife Service Revised "Interim Guidance for Financial Status and Performance Reporting," May 12, 2009].

Acceptance of a Federal financial award carries with it the responsibility to be aware of and comply with the terms and conditions of the award, including those assurances submitted annually by your agency per http://www.doi.gov/pam/financialassistance/award/index.html. Acceptance is defined as the start of work, drawing down funds, or accepting the award via electronic means. Awards are based on the application and supporting documents as submitted to and approved by the WSFR Program.

Please contact LeAnne Bonner, Grant Manager, at 505-248-7459, or me at 505-248-7465, with any questions or concerns about the terms of this award.

Sincerely,

Stephen M. Robertson

Chief, Wildlife and Sport Fish Restoration Program

Enclosure

Wildlife & Sportfish Restoration

JUL 15 2011

FEDERAL ASSISTANCE	RECEIVE	2. DATE SUBMITTED	07/45/0044	Applicant Ide	Version 7/0	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Applica		
Application	Pre-application					
Construction Non-Construction 5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGE			ifier - 67-R-1	
Legal Name: Texas Parks a	nd Wildlife Denotes		Organizational	Unit: Wh	20153-11-0115	
Legal Name: Texas Parks and Wildlife Department		Department: Texas Parks and Wildlife Department				
Organizational DUNS: 806782256			Division: Inland Fisheries			
Address: Street:			Name and telephone number of person to be contacted on matters			
4200 Smith School Rd.			Prefix: Ms. First Name: Stephanie			
City: Austin			Middle Name L			
County: Travis			L cot News			
	Zip Code 78744-329			Shelton		
Country	78744-329	31				
USA			Email: stephanie.shelton@tpwd.state.tx.us			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)	
74-1680372			(512) 389-86		(512) 389-8043	
8. TYPE OF APPLICATION:			7. TYPE OF APP	PLICANT: (See bac	k of form for Application Types)	
★ New Continuation If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			A. State			
			Other (specify)			
Other (specify)			9. NAME OF FEDERAL AGENCY:			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:	U.S. Depai	rtment of Interior	, Fish and Wildlife Service	
		1 5 - 6 3 4				
TITLE (Name of Program)	o milidito di anni		and Image Pr	ocessing Techn	onomous Vehicle Imagery iques to Support Fish and	
TITLE (Name of Program): State Wildlife Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Wildlife Monitoring, Habitat Assessment and			
Statewide	out (ones, countes,	States, etc.):	Conservation	Planning	SR	
13. PROPOSED PROJECT			14 CONCRESS			
Start Date: 09/01/2011	Ending Date: 12/31/	2013	a. Applicant 25	ONAL DISTRICTS	L Carles	
15. ESTIMATED FUNDING:	12/01/	2013	i .	TON SUBJECT TO	Statewide REVIEW BY STATE EXECUTIVE	
a. Federal \$			ORDER 12372 PF	ROCESS?		
		169,000.00	a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
b. Applicant S		0.00	PRO	CESS FOR REVIEW	ON	
c. State \$		91,000.00	DATE	:		
d. Local \$		0.00	b. No. X PROC	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other S		0.00		ROGRAM HAS NOT	BEEN SELECTED BY STATE	
. Program Income \$		0.00	FOR	REVIEW	IT ON ANY FEDERAL DEBT?	
g. TOTAL S		260,000.00	20			
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF	ALL DATA IN THIS ARD	ICATION DDEAD	DI 10 4 710 11 4 7 7	X No	
			HE APPLICANT A	ND THE APPLICAN	NT WILL COMPLY WITH THE	
. Authorized Representative	E ASSISTANCE IS AW	ARDED.				
	irst Name Stephanie		Mic	idie Name		
ast Name Shelton			Sut			
Title Science and Policy C	Coordinator na	. 01	, c. 7	elephone Number (give area code)	
Signature of Authorized Representative			e. [(512) 389-8680 Date Signed 701	11.1.15	
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uthorized for Local Reproduction	1 Lud	1/15	111		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	